

City of Coral Springs, Florida
Enrollment and Authorization Form to Pay your Utility
Bill by Direct Debit / Automatic Funds Transfer (AFT)

I authorize the City of Coral Springs, Florida to deduct funds from my checking or savings account at the financial institution named below to pay the amounts due on my water utility bill on a monthly basis. I acknowledge that the receipt of a monthly utility bill from the City of Coral Springs constitutes notice to me about the amount that is owed and that amount will be deducted on the payment due date specified on the bill. I understand that once a bill is processed that I cannot stop the automatic payment for that particular month but if any adjustments are needed that they will be on the next bill. In addition, I understand that I can stop these automatic payments if I notify the City's Water Billing Division at (954)-344-1825 in writing no less than 20 business days before the due date. I also understand that the City can stop my participation at anytime without notice. I agree to notify the City's Water Billing Division promptly if I change banks or if my banking account number changes. I understand that there will be a charge to me for each payment that cannot be processed due to insufficient funds, closed account, etc. I also understand that if this automatic debit is not honored by my bank or financial institution for any reason, my utility account will be assessed a late penalty (the amount will be dependent on the amount of the check) and my utility service may be disconnected for nonpayment. Please note that the Financial Institution may also charge for payments returned from the bank for insufficient funds.

New Account Stop Account Change Account

Your Mailing Address: _____

Your Location Address (if different from the mailing address): _____

Your **WATER BILLING ACCOUNT NUMBER** (which is your **CUSTOMER NUMBER** and **LOCATION NUMBER** – located on the top left side of your Water Bill): _____

Daytime Phone Number: _____ Email Address: _____

Your Bank or Financial Institution: _____

Your Checking or Savings Account Number: _____

Your ABA/Routing Number: _____

By signing below, I hereby authorize the City of Coral Springs to initiate debits electronically, by paper means or by any other commercially accepted method, to my checking or savings account as indicated above. I authorize my financial institution to debit the same amount. I also, by signing below, acknowledge that I am the person who has contracted with the City for water service at the location listed above.

PRINT YOUR NAME SIGNATURE DATE

Please mail this form to: City of Coral Springs, Utility Billing Division, 9551 West Sample Road, Coral Springs, FL 33065

NOTE: Direct Debiting (ACH) accounts may take 1-2 billing periods before the bank draft takes effect.

DON'T FORGET TO ATTACH OR ENCLOSE A VOIDED CHECK FOR THE CHECKING ACCOUNT OR A DEPOSIT SLIP FOR THE SAVINGS ACCOUNT SPECIFIED ABOVE!